

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Dala</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>126</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>713</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	No. _____		St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Armenia Hernandez</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth <u>3</u>
6. Legitimate? <u>yes</u>		7. Date of birth <u>Jan 19, 1923</u>	(Month, day, year)
8. FATHER		14. MOTHER	
Full name <u>Enrique Hernandez</u>		Full maiden name <u>Guadalupe Munoz</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz</u>	If nonresident, give place and State	15. Residence (Usual place of abode) <u>Miami - Ariz</u>	If nonresident, give place and State
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>26</u> (Years)		17. Age at last birthday <u>25</u> (Years)	
12. Birthplace (city or place) <u>Chihuahua</u>	(State or country) <u>Mex</u>	18. Birthplace (city or place) <u>Chihuahua</u>	(State or country) <u>Mex</u>
13. Occupation <u>Motorman</u>	Nature of Industry	19. Occupation <u>Housewife</u>	Nature of Industry
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>9 A.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. M. Cron M.D.</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Miami, Arizona</u>	
Registrar. _____		Filed <u>Feb 19, 1923</u> <u>Charles E. Price</u>	
		Local Registrar.	
		Filed <u>Feb 19, 1923</u> <u>B. S. Fox</u>	
		County Registrar.	

889-119-749